

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE STAMP (REQUIRED)  
MAR 02 2015  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 150105  
Date: 5-5-15  
Amount Paid:  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Jovica Eileen Cuccia</u>	Mailing Address: <u>14791 McNaught Rd</u>	City/State/Zip: <u>Cable WI 54821</u>	Telephone: <u>715-798-5010</u>
Address of Property: <u>14791 McNaught Rd</u>		City/State/Zip: <u>Cable WI 54821</u>	Cell Phone: <u>910-376-0126</u>
Contractor: _____		Contractor Phone: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____		Agent Phone: _____	Agent Mailing Address (Include City/State/Zip): _____
PROJECT LOCATION: <u>S1/4, N1/4, 1/4</u>		PIN: (23 digits) <u>04-012-2-43-07-20-103-000-</u>	
Gov't Lot: <u>3+</u>		CSM: <u>1095</u>	Vol & Page: <u>7.51</u>
Lot(s): <u>N1/4</u>		CSM: <u>1095</u>	Vol & Page: <u>7.51</u>
Section: <u>20</u> , Township: <u>43</u> N, Range: <u>7</u> W		Town of: <u>Cable</u>	
Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Distance Structure is from Shoreline: _____ feet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Recorded Document: (i.e. Property Ownership) _____		Volume: <u>827</u> Page(s): <u>57</u>	
Subdivision: _____		Acreage: <u>15.350</u>	

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>299,400.</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Mound</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Municipal Use	with Loft	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Rec'd for Issuance	with a Porch	( <u>  </u> X <u>  </u> )	
	with (2 <sup>nd</sup> ) Deck	( <u>  </u> X <u>  </u> )	
	with Attached Garage	( <u>  </u> X <u>  </u> )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( <u>  </u> X <u>  </u> )	
	Mobile Home (manufactured date) _____	( <u>  </u> X <u>  </u> )	
	Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )	
	Accessory Building (specify) _____	( <u>  </u> X <u>  </u> )	
	Accessory Building Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )	
	Special Use: (explain) <u>B+B in existing Building</u>	( <u>  </u> X <u>  </u> )	
	Conditional Use: (explain) _____	( <u>  </u> X <u>  </u> )	
	Other: (explain) _____	( <u>  </u> X <u>  </u> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

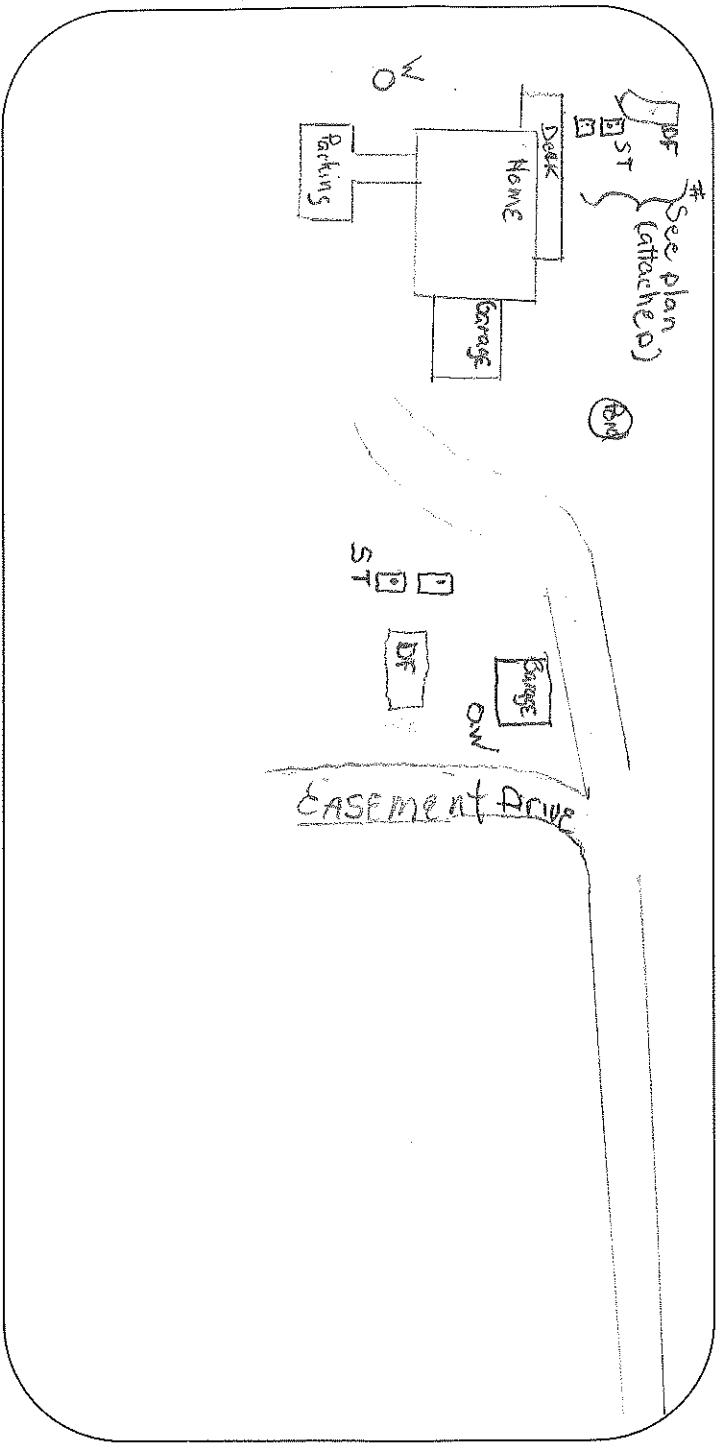
Owner(s): Jovica Eileen Cuccia / Jovica Eileen Cuccia  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: 2-25-2015

Address to send permit: same as above  
Copy of Tax Statement ☒  
Attach ☒  
If you recently purchased the property send your Recorded Deed ☒

- Draw or Sketch your Property (regardless of what you are applying for)
- (1) Show location of:
  - (2) Show / Indicate:
  - (3) Show location of (\*):
  - (4) Show:
  - (5) Show:
  - (6) Show any (\*):
  - (7) Show any (\*):

- Proposed Construction**
- North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	120.5 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	119.5 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	32.7 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	29.0 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	3.0 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	11.00 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	3.0 Feet	Setback to Well	1.5 Feet
Setback to Drain Field	2.5 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number	08-385		# of bedrooms:	5	Sanitary Date:	3-17-08		
Permit Denied (Date):		Reason for Denial:								
Permit #: 15-0105		Permit Date: 5-5-15								
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)		Case #:		Were Property Lines Represented by Owner		Was Property Surveyed		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Zoning District		ARB		Date of Approval		3-12-15
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Lakes Classification		N/A		Date of Re-Inspection:		
Inspection Record:										
Structure is existing										
Date of inspection: 3-12-15										
Inspected by: M. Fentah										
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)										
see 20 meeting minutes & affidavit										
Signature of Inspector: Michael Fentah										
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input checked="" type="checkbox"/> Luciel										
Hold For Fees: <input type="checkbox"/> <input type="checkbox"/>										

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
APR 27 2015  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 15-0180  
Date: 5-7-15  
Amount Paid: \$905.715  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Brett Rodeaux	Mailing Address: 40360 Cable Suss Rd City/State/Zip: Cable, WI 54821	Telephone: 798-3211 Cell Phone: 798-3846
Address of Property: 40360 Cable Suss Rd	City/State/Zip: Cable, WI 54821	Plumber Phone: 798-3846
Contractor:	Contractor Phone:	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION NW 1/4, SW 1/4	Legal Description: (Use Tax Statement) 02-2-43-08-35-3 02-000-2000	Recorded Document: (i.e. Property Ownership) Volume 642 Page(s) 197
Section 35, Township 45 N, Range 8 W	Town of: Cable	Lot Size 8 Acres Acreage 8
<input type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: feet

Value at Time of Completion * include donated time & material \$ 30,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Rwell
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: Clean	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 39	Width: 30	Height: 15
Proposed Construction:	Length: 28	Width: 40	Height: 14

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( )	( )
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	( )
	with Loft	( )	( )
	with a Porch	( )	( )
	with (2 <sup>nd</sup> ) Porch	( )	( )
	with a Deck	( )	( )
	with (2 <sup>nd</sup> ) Deck	( )	( )
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	( )
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( )	( )
	Mobile Home (manufactured date)	( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( )	( )
	Accessory Building (specify) garage	( 28 x 40 )	( 1120 )
	Accessory Building Addition/Alteration (specify)	( )	( )
Rec'd for Issuance	Special Use: (explain)	( )	( )
MAY 06 2015	Conditional Use: (explain)	( )	( )
Secretarial Staff	Other: (explain)	( )	( )

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Signature]  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above  
If you recently purchased the property send your Recorded Deed

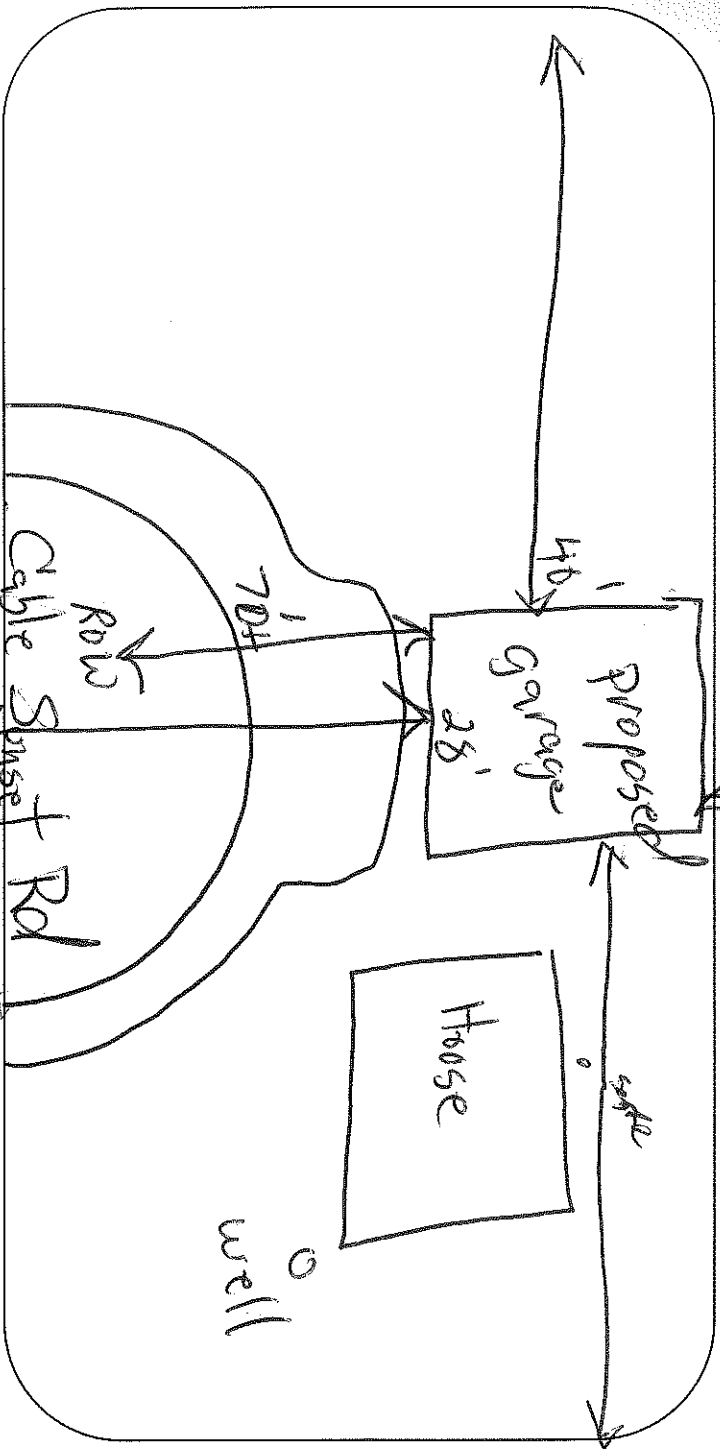
Attach  
Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NEEDS \$15 IN FEES

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	95.4 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	70.4 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	190 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	302 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	164 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	540 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	35 Feet	Setback to Well	58 Feet
Setback to Drain Field	135 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

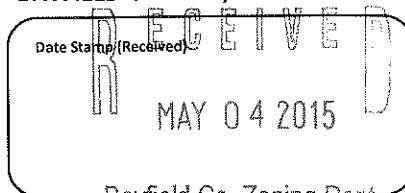
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 15-0180	Permit Date: 5-7-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:						
5/1 - well Staked + Covered	Inspected by: Joel Raley					
Date of Inspection: 5/1	Inspected by: Joel Raley					
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
Not for human habitation						
No water under pressure unless served by code compliant Pools.						
Signature of Inspector: Joel Raley	Date of Approval: 5/7/15					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR SIGN  
 BAYFIELD COUNTY, WISCONSIN



Permit #:	15-0126
Date:	5-8-15
Amount Paid:	\$500
Refund:	5-8-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
 Checks are made payable to: Bayfield County Zoning Department.  
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Property Owner(s) Name: <b>MICHAEL A LABREE</b>	Mailing Address: <b>15785 MCARDY CIRCLE WIS SH821</b>	City/State/Zip: <b>WIS SH821</b>	Phone: <b>715 681-0017</b>
Sign Owner(s) Name: <b>MIKE LABREE</b>	Mailing Address: <b>Same</b>	City/State/Zip: <b>Same</b>	Phone: <b>Same</b>
Address of Property: <b> Hwy 63 TAX ID 10121</b>	City/State/Zip: <b>WIS SH821</b>		
Contractor: <b>Self</b>	Contractor Phone: <b>-</b>	Address: <b>-</b>	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <b>-</b>	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

ASSESSOR'S Plat no 2 5300' of Lot 1 Back L.S. IN V. 941 P. 842

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
1/4, 1/4	Gov't Lot	Lot(s)	CSM
Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section _____, Township _____ N, Range _____ W	Town of: <b>Cable</b>	Lot Size	Acreage <b>1.4</b>

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * Include donated time & material	✓	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
\$400.00	<input checked="" type="checkbox"/>	On-Premise	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> 1-Sided	16	6	9 Ft
	<input type="checkbox"/>	Off-Premise	<input type="checkbox"/> Replacement	<input type="checkbox"/> 2-Sided			<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/>		<input type="checkbox"/> On-Building				<input type="checkbox"/> No
	<input type="checkbox"/>		<input type="checkbox"/> Multi-Tenant				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Michael A. Labree  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Applicant(s): Michael A. Labree  
 (If you are applying for an Off-premise sign, the property owners must also sign this form)  
 Authorized Agent: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date May 1/15  
 Date May 1/15  
 Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Rec'd for Issuance  
 MAY 08 2015  
 Secretarial Staff

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 The local Town, Village, City, State or Federal agencies may also require permits.

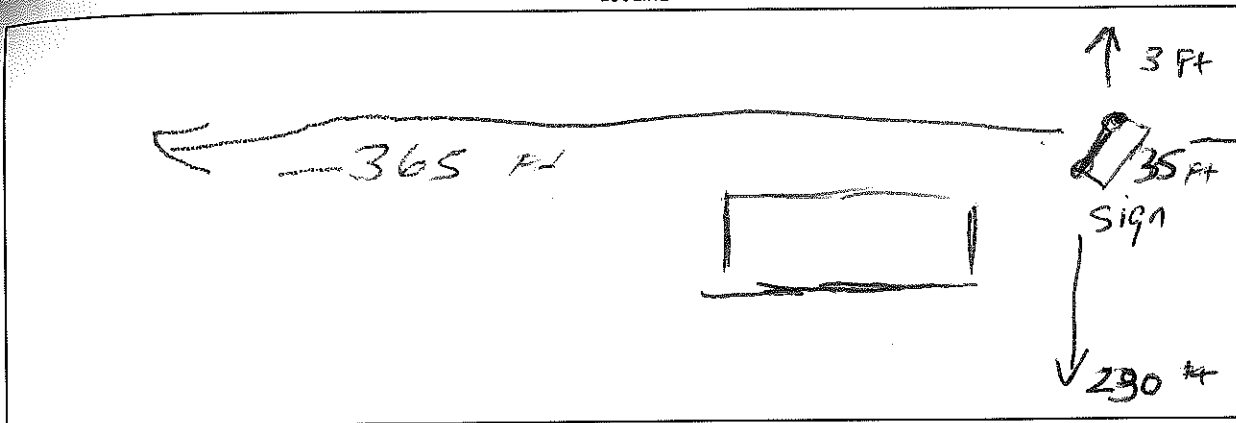


frontage road as a guideline, and indicate North (N) on plot plan  
 dimensions in feet on the following:

IMPORTANT  
 Detailed Plot Plan is Necessary

Lot Line

Lot →  
 Line



← Lot  
 Line

Name Frontage Road ( )

Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	137 Feet	Setback from the North Lot Line	35 Feet
Setback from the Established Right-of-Way	3 Feet	Setback from the South Lot Line	36.5 Feet
		Setback from the West Lot Line	Feet
Setback from Lake, River, Stream or Pond	Feet	Setback from the East Lot Line	Feet
Setback from Other Sign(s)	Other		

Sign Plan

(Fill in Information Desired on Sign)

Cable Concrete  
 From Walks to Walls  
 Phone 715-681-0017

Issuance Information (County Use Only)		Permit Number: 15-0186	Permit Date: 5-8-18
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: looks good Date of Inspection: 5/7 Inspected by: Jon		Zoning District (C) Lakes Classification ( ) Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) Not to Exceed 96 ft			
Signature of Inspector: Jon Price			Date of Approval: 5/7/18